BASCAR ABBLIOASION SEE BASCAR SEE									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  822 173														
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY		
T	OTAL CLAIMS	<b>\$</b>	12			•		RATE	FEE	ר <u>`</u>	RATE	FEE		
FOR			NUMBER FILED		NUM	BER EXTRA		BASIC FE	+		BASIC FEE			
TOTAL CHARGEABLE CLAIMS			12 minus 20=		•	8		XS 9=	-	OR	V240			
INI	DEPENDENT C	LAIMS	5 minus 3 =		•	2		X43=	86	1	- Vac			
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					7,100	100	OR	7002			
• If the difference in column 1 is less than zero, enter "0" in column 2								+145=		OR	+290=			
TOTAL DIT OR TOTAL														
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	. ENTITY	OR	OTHER SMALL			
AMENDMENT A	11150	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	• 120	Minus	- 2	5			X\$ 9=		OR	X\$18=			
			Minus	5		2		X43=	44	OR	X86=			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1	•	. 200			
									(1/6	OR	+290=			
(Column 1)									ADDIT. FEE THE ADDIT. FEE					
AMENDMENT 8		(Column 1) CLAIMS	(Column 2) (Column 3) HIGHEST				lF		ADDI-	1 1				
		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	• 3	Minus	- 21	7			X\$ 9=		OR	X\$18=			
	Independent	· 3	Minus	••• 5		•	l	X43=			X86=			
	FIRST PRESE	NTATION OF MU			+145=		OR OR	+290=						
TOTAL											TOTAL			
(Column 1) (Column 2) (Column 3)								DDIT. FEE	<u> </u>	OR ,	ADDIT. FEEL	<del></del>		
ပ	•	CLAIMS		HIGHE	ST ER USLY	(Column 3)	r	•				455		
AMENDMENT (	·	REMAINING AFTER AMENDMENT	•	PAID F		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	••		<b>.</b>	Γ	X\$ 9=		OR	X\$18=			
	Independent			·	•	H	X43≈		OR					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											X86=			
+145= OR											+290=	. ]		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** ADDIT. FEE  ***OTAL ADDIT. FEE											TOTAL ODIT, FEE			
. 1	r ure "Highest Num The "Highest Num	mber Previously Paid ber Previously Paid	id For" BN THI I For" (Total or	5 SPACE is Independer	less that ii) is the	n 3, enter "3." highest number		•	propriate bas					
								:						

FORM PTO-675 (Rev. 10/03)

Patient and Trademath Office, U.S. DEPARTMENT OF COMMERC